Division of Health Care Financing HCF 1066A (Rev. 08/01)

CHILD'S FOOD RECORD / 1-12 years of age

| Completion NAME - Ch | | form is voluntar | y. | TODAY'S DA | TODAY'S DATE | | |
|--|---|---|--|--------------------|----------------------|-------------------------|--|
| | | | ng the child <u>ate</u> or <u>drar</u> st morning feeding tod | | s (meals and snacks) |). Start with the first | |
| Example: | 8:30 AM home sandwich – 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter. 1-cup tomato soup made with 2% milk | | | | | | |
| TIME | PLACE | PLACE AMOUNT AND FOOD / BEVERAGE CONSUMED | | | | | |
| | | | | | | | |
| 1. Is this the way this child eats most of the time? ☐ Yes ☐ No If no, why? | | | | | | | |
| 2. What f | foods do | es this child refu | use to eat? | | | | |
| 3. How o | ften doe | s this child eat a | way from home? | ☐ 1-2 times a week | ☐ 2-4 times a we | eek | |
| 4. Are me | ealtimes | with this child u | sually pleasant? | ☐ Yes ☐ No If | no, why? | | |
| 5. How many times in the last month did the child have problems getting enough food? | | | | | | | |
| Office Use C | Only Bro | ead | Vegetables | Fruit | Milk | Meat | |